

<b>Case Number:</b>	CM15-0105421		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male who sustained an industrial injury on 3/9/13 when he suffered electrical burns to his face, arms and hands. He underwent staged surgical excision and skin grafting of his wounds and participated in occupational therapy for functional restoration and wore compression garments for scar management. His wounds healed but he developed chronic pain in his hands and was referred for pain management. He currently complains of hypersensitivity to the sun especially on the face characterized by redness and swelling. He has pain and stiffness after hand gripping. He also has itchiness in the eyes when working and progressive lack of pigmentation around the wrists. On physical exam there was slight hyperpigmentation on the cheeks. His grip is weakened but he has full range of motion with no significant functional improvement. Diagnosis is late effect burns: face, arms and hands. In the progress note dated 4/27/15 the treating provider's plan of care includes follow up with a dermatologist for treatment and prophylaxis of heat hypersensitivity to the face; evaluation and treatment by a hand specialist for chronic pain; evaluation by ophthalmologist because of eye irritation when working; internal medicine consult for wheezing around the dust at work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One Consultation with Medical Tattoo (re-pigmentation) as outpatient: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations, Chapter, page 127.

**Decision rationale:** Based on the 10/27/14 progress report provided by treating physician, the patient sustained burns to face, arm and hands on 03/06/13. Injured worker presents with hypersensitivity to the sun especially on the face characterized by redness and swelling, itchiness in the eyes, pain and stiffness of hand, with progressive lack of pigmentation around the wrists. The patient is status post staged surgical excision and skin grafting of his wounds. The request is for One Consultation with Medical Tattoo (Re-Pigmentation) as outpatient. RFA not provided. Patient's diagnosis on 10/27/14 and 04/27/15 included late effect burns to face arms and hands. Physical exam on 10/27/14 revealed slight hyperpigmentation on the cheeks. There is evidence of grafting to dorsal aspect of bilateral hands. Proximal hypopigmentation to volar aspect of hands. Grip strength is weakened but with full range of motion. No significant functional improvement. Treatment to date included occupational therapy, functional restoration and compression garments for scar management. The patient is permanent and stationary as of October 2014, however working full duty, per 04/27/15 report. Treatment reports were provided from 10/27/14 and 04/27/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. UR letter dated 05/08/15 states "there is no information or clinical findings that would require a consultation with medical tattoo specialist." The requesting physician specializes in plastic/reconstructive surgery. Per 10/27/14 report, provider states "I do not anticipate the need for any further surgical intervention on my part at this time" and per 04/27/15 report, "from my standpoint, there is nothing more I can offer [the patient]." It would appear that the concern is the lack of pigmentation in the wrist for which this consult has been generated. There is medical evidence for medical tattoo to address depigmented skin and the request for a consult to determine such a need. Therefore, the request is medically necessary.

**One Consultation with Ophthalmologist as an outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations, Chapter 7, page 127.

**Decision rationale:** Based on the 10/27/14 progress report provided by treating physician, the patient sustained burns to face, arm and hands on 03/06/13. Injured worker presents with hypersensitivity to the sun especially on the face characterized by redness and swelling, itchiness in the eyes, pain and stiffness of hand, with progressive lack of pigmentation around the wrists. The patient is status post staged surgical excision and skin grafting of his wounds. The request is for One Consultation with Ophthalmologist as an outpatient. RFA not provided. Patient's diagnosis on 10/27/14 and 04/27/15 included late effect burns to face arms and hands. Physical exam on 10/27/14 revealed slight hyperpigmentation on the cheeks. There is evidence of grafting to dorsal aspect of bilateral hands. Proximal hypopigmentation to volar aspect of hands. Grip strength is weakened but with full range of motion. No significant functional improvement. Treatment to date included occupational therapy, functional restoration and compression garments for scar management. The patient is working full duty, per 04/27/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. UR letter dated 05/08/15 states "there is no information or clinical findings that would require an ophthalmologist." The requesting physician specializes in plastic/reconstructive surgery. Per 10/27/14 report, provider states "I do not anticipate the need for any further surgical intervention on my part at this time" and per 04/27/15 report, "from my standpoint, there is nothing more I can offer [the patient]." It would appear that the current provider feels uncomfortable with the medical issues and has requested for transfer to specialist. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Per 04/27/15 report, the patient "would like to have access to ophthalmologist because of his eye irritation when working." Given the complexity of the patient's condition, this request for consultation with ophthalmologist appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**One Consultation with Hand Specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations, Chapter 7, page 127.

**Decision rationale:** Based on the 10/27/14 progress report provided by treating physician, the patient sustained burns to face, arm and hands on 03/06/13. Injured worker presents with hypersensitivity to the sun especially on the face characterized by redness and swelling, itchiness in the eyes, pain and stiffness of hand, with progressive lack of pigmentation around the wrists. The patient is status post staged surgical excision and skin grafting of his wounds. The request is for One Consultation with a Hand Specialist. RFA not provided. Patient's diagnosis on 10/27/14 and 04/27/15 included late effect burns to face arms and hands. Physical exam on 10/27/14 revealed slight hyperpigmentation on the cheeks. There is evidence of grafting to dorsal aspect of

bilateral hands. Proximal hypopigmentation to volar aspect of hands. Grip strength is weakened but with full range of motion. No significant functional improvement. Treatment to date included occupational therapy, functional restoration and compression garments for scar management. The patient is working full duty, per 04/27/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Per 04/27/15 report, the patient "would like to see a hand specialist, but no hand specialist has contacted him [the patient] has not yet been seen for his hand pain." UR letter dated 05/08/15 states "there are no clinical findings that would require consultation with a hand specialist." Progress report dated 04/27/15 states the patient "healed well but developed chronic pain in his hands." The requesting physician specializes in plastic/reconstructive surgery. Per 10/27/14 report, provider states "I do not anticipate the need for any further surgical intervention on my part at this time" and per 04/27/15 report, "from my standpoint, there is nothing more I can offer [the patient]." It would appear that the current provider feels uncomfortable with the medical issues and has requested for transfer to specialist. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given the complexity of the patient's condition, this request for consultation with hand specialist appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**One Consultation with Internal Medicine Specialist as outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations, Chapter 7, page 127.

**Decision rationale:** Based on the 10/27/14 progress report provided by treating physician, the patient sustained burns to face, arm and hands on 03/06/13. Injured worker presents with hypersensitivity to the sun especially on the face characterized by redness and swelling, itchiness in the eyes, pain and stiffness of hand, with progressive lack of pigmentation around the wrists. The patient is status post staged surgical excision and skin grafting of his wounds. The request is for One Consultation with Internal Medicine Specialist as outpatient. RFA not provided. Patient's diagnosis on 10/27/14 and 04/27/15 included late effect burns to face arms and hands. Physical exam on 10/27/14 revealed slight hyperpigmentation on the cheeks. There is evidence of grafting to dorsal aspect of bilateral hands. Proximal hypopigmentation to volar aspect of hands. Grip strength is weakened but with full range of motion. No significant functional improvement. Treatment to date included occupational therapy, functional restoration and compression garments for scar management. The patient is working full duty, per 04/27/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex,

when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. UR letter dated 05/08/15 states "there are no clinical findings that would require internal medicine specialist." Per 04/27/15 report, the patient "would like to have access to an internal medicine doctor for some the other symptoms of wheezing around the dust at work." The requesting physician specializes in plastic/reconstructive surgery. Per 10/27/14 report, provider states "I do not anticipate the need for any further surgical intervention on my part at this time." and per 04/27/15 report, "from my standpoint, there is nothing more I can offer [the patient]." It would appear that the current provider feels uncomfortable with the medical issues and has requested for transfer to specialist. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given the complexity of the patient's condition, this request for consultation with internal medicine specialist appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**One Consultation with different Dermatologist as outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent Medical Examination and Consultations, Chapter 7, page 127.

**Decision rationale:** Based on the 10/27/14 progress report provided by treating physician, the patient sustained burns to face, arm and hands on 03/06/13. Injured worker presents with hypersensitivity to the sun especially on the face characterized by redness and swelling, itchiness in the eyes, pain and stiffness of hand, with progressive lack of pigmentation around the wrists. The patient is status post staged surgical excision and skin grafting of his wounds. The request is for One Consultation with different Dermatologist as outpatient; RFA not provided. Patient's diagnosis on 10/27/14 and 04/27/15 included late effect burns to face arms and hands. Physical exam on 10/27/14 revealed slight hyperpigmentation on the cheeks. There is evidence of grafting to dorsal aspect of bilateral hands. Proximal hypopigmentation to volar aspect of hands. Grip strength is weakened but with full range of motion. No significant functional improvement. Treatment to date included occupational therapy, functional restoration and compression garments for scar management. The patient is working full duty, per 04/27/15 report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The requesting physician specializes in plastic/reconstructive surgery. Per 10/27/14 report, provider states "I do not anticipate the need for any further surgical intervention on my part at this time" and per 04/27/15 report, "from my standpoint, there is nothing more I can offer [the patient]." It would appear that the current provider feels uncomfortable with the

medical issues and has requested for transfer to specialist. ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Per 04/27/15 report, the patient "was not happy with the thoroughness of the dermatologist, reporting that the dermatologist simply told him to stop applying anything on his face." Given the complexity of the patient's condition, this request for consultation with a different dermatologist appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.